

The quality of care in Medicare

ISSUE: The IOM has released several reports documenting the problems with quality in our health care system and suggesting ways that the system needs to improve. The Agency for Healthcare Research and Quality is releasing a national report on the quality of care in October. Increasingly, private and public sector purchasers are seeking to measure the quality of care and find ways to encourage improvements. Assuring access to high quality care is a goal for the Medicare program and for MedPAC to consider in making recommendations. MedPAC uses information on the quality of provider care to evaluate payment adequacy and has recommended that CMS find ways to offer incentives to providers based on their performance on measures of quality. All of these efforts rely on identifying and collecting data on quality indicators.

KEY POINTS: Several sets of indicators are now available that could provide a broad view of the quality of care for Medicare beneficiaries. Such data could answer a variety of questions, such as:

- What is known and what are the gaps in knowledge about the quality of beneficiary care?
- Is quality getting better or worse? Are the trends in quality different for different aspects of quality?
- Are there particular regions or types of people that may be getting worse care than others?
- Is patient safety an important issue for beneficiaries?
- Is care for certain conditions upon which CMS is focusing efforts improving?
- Do different sets of indicators reveal consistent regional patterns?

MedPAC staff are working to obtain data on the safety of patients in hospitals, risk-adjusted mortality by conditions and procedures, the provision of clinically necessary ambulatory services, preventable hospitalizations and beneficiary perceptions of the quality and access of their care. These data could help the Commission evaluate the adequacy of payment in various settings, and monitor the overall quality of care beneficiaries receive.

ACTION: Staff proposes including a broad overview of the quality of beneficiary care in the March report. It is anticipated that some of the information in that chapter could also be used to inform payment adequacy discussions. The Commission should consider the types of information provided by the attached list of indicator sets and comment on the direction and scope of the anticipated chapter.

STAFF CONTACT: Karen Milgate 202-220-3738, Sharon Cheng 202-220-3712, Ann Marshall 202-220-3753.